

**SYPHILIS TEST REQUEST**State Form 13708 (R8 / 10-07)
CLIA Certified Laboratory #15D0662599INDIANA STATE DEPT. OF HEALTH
LABORATORIES
550 W. 16th STREET, SUITE B
INDIANAPOLIS, IN 46202-2203
(317) 921-5500

- 1.
- ☐
- Screening
- ☐
- Confirmatory (Select one)

Patient Information

2. Patient I.D. Number: _____
3. Name: _____
First M.I. Last
4. Date of Birth _ / _ / _ _ _ _
5. Residence: City _____ State _____ Zip Code _____
6. Sex: ☐ Male ☐ Female ☐ Unknown
7. Race: ☐ White ☐ Black or African American
☐ Asian ☐ American Indian or Alaska Native
☐ Other ☐ Native Hawaiian or Pacific Islander ☐ Unknown
8. Ethnicity: ☐ Hispanic or Latino ☐ Not-Hispanic or Latino ☐ Unknown

Submitter Information

9. Submitting Organization _____ Staff Name _____
- Phone _____ Fax _____ Email _____
- Address _____

- City _____ State _____ Zip Code _____

Specimen Information

10. Collection date _ / _ / _ _ _ _
11. Reason for test: ☐ Prenatal Screening ☐ Blood
☐ Screening ☐ Serum
☐ Follow up ☐ CSF
12. Specimen type:

For Lab Use Only

Received Date _____

Specimen Number _____

SPECIMEN COLLECTION

1. Submit at least 1ml of serum in a screw-capped serum tube. Alternatively collect at least 3.0ml of whole blood in a red top venipuncture or serum separator tube. Label the specimen tube with patient identifier and collection date. **Specimens without a patient ID or collection date will be considered unsatisfactory and will not be tested.**
2. **Complete all items 1 through 12 on the reverse side of this form in ink.** Patient ID and collection date must match those recorded on specimen tube. The submitter address to which the results are to be sent including zip code must be included as well requested test type. Any incomplete information will cause significant delays in receiving results.

SPECIMEN PACKAGING AND SHIPMENT

Note: Specimens should be refrigerated at 4°C if held prior to shipping.

Serum or whole blood in serum separator tubes may be shipped at ambient temperature. **Shipping whole blood in red top tubes at ambient temperature may result in hemolysis and a specimen unsatisfactory for testing.**

1. Use container 5B provided by ISDH.
2. Wrap the absorbent material, provided in the inner mailing container, around the specimen tube to absorb inner shock and contain possible leakage. Insert the wrapped specimen tube into the inner mailing container. Secure cap tightly. Place the completed requisition between the inner and outer mailing container and secure cap. Specimens should be shipped to arrive at ISDH Monday through Friday. Shipping specimens which will be in transit during weekend or holiday is not recommended.
3. Complete the pre-addressed mailing label on the outer mailing container with a return address, leakage and breakage notification and postage, and send via first class US mail.
4. Please use the above packing instructions to assure compliance with federal shipping regulations and to minimize breakage. Broken or leaking specimens present a biohazard and cannot be tested.
5. Specimens submitted by courier should be packaged securely to prevent breakage. Loose specimens in Ziploc bags increase the chance of breakage and biohazard exposure.

DIRECT QUESTIONS TO: 317-921-5500